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MICHAEL J. BUJOLD
(ADMITTED IN NH & ME)

NEAL E. FRIEDMAN
(ADMITTED IN MA)

SCOTT DANIELS
(Admitted in NH)

LAW OFFICES
DAVIS & BUJOLD, P.L.L.C.
FOURTH FLOOR
500 NORTH COMMERCIAL STREET
MANCHESTER, NEW HAMPSHIRE 03101
UNITED STATES OF AMERICA

TELEPHONE (603) 624-9220
FACSIMILE (603) 624-9229
E-mail: patent@davisandbujold.com

OF COUNSEL

ANTHONY G.M. DAVIS
(ADMITTED IN NY AND NJ)
CHARTER PATENT AGENT OF THE
EUROPEAN PATENT ATTORNEYS

GARY D. CLAPP
(ADMITTED IN MA)

BOSTON ADDRESS
P.O. BOX 67460
BROOKLINE MA 02460

TECH CENTER 1600/2900

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TO: Filing Receipts and Corrections FAX #: 703-308-7751
COMPANY: U.S. Patent & Trademark Office - Group Art Unit #1617
FROM: Michael J. Bujold TOTAL NO. OF PAGES SENT: 6
DATE: June 4, 2002
REMARKS AND ENCLOSURES:

In re Appln. of: Alexandre MARTI, Norbert LANGE, Matthieu ZELLWEGER, Georges
WAGNIERES, Hubert VAN DEN BERGH, Patrice JICHLINSKI and Pavel
KUCERA
Serial No.: 09/673,871
Filed: with an effective filing date April 22, 1999
For: SOLUTION FOR DIAGNOSING OR TREATING TISSUE
PATHOLOGIES
Group Art Unit: 1617
Examiner: Shahnam JI Sharareh
Docket: NITROS P146US

RECEIVED: 1 pg. fax cover sheet, 1 pg. request for corrected filing receipt, 1 pg. copy of
filing receipt, 3 pgs. copy of declaration/ power of attorney

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6/4/02

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Alexandre MARTI, Norbert LANGE, Matthieu ZELLWEGER,
Georges WAGNIERES, Hubert VAN DEN BERGH, Patrice
JICHLINSKI and Pavel KUCERA

Serial no. : 09/673,871

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For : SOLUTION FOR DIAGNOSING OR TREATING TISSUE
PATHOLOGIES

Group Art Unit : 1617

Examiner : Shahnam JI Shararoh

Docket : NITROS P146US

The Commissioner of Patents and Trademarks
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Attached is a copy of the filing receipt issued in the above-identified application. The filing receipt is incorrect in that it indicates the name of the third inventor is **Mattieu** Zellweger, when the correct name of this inventor is **Matthieu** Zellweger. The filing receipt is also incorrect in that it indicates the name of the fifth inventor is Hubert Van **Dew** Bergh, when the correct name of this inventor is Hubert Van **Den** Bergh. A copy of the relevant pages of the originally filed application, which contains the correct information, is attached hereto.

The Applicant respectfully requests that a corrected filing receipt be issued which contains complete and accurate information concerning the filing particulars of this case. If the Patent and Trademark Office has any questions concerning the above, please contact the undersigned.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,


Michael J. Bujold, Reg. No. 32,018
Customer No. 020210
Davis & Bujold, P.L.L.C.
Fourth Floor
500 North Commercial Street
Manchester NH 03101-1151
Telephone 603-624-9220
Facsimile 603-624-9229
E-mail: patent@davisandbujold.com

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office in Washington, D.C. 20231 on June 4, 2002.

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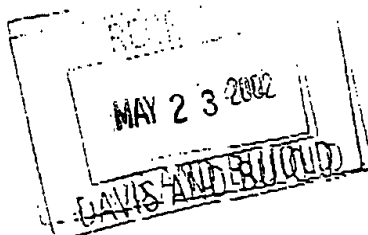


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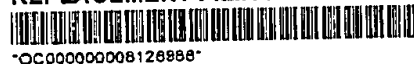
APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FILE FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/673,871	10/20/2000	1617	430	NITROS P146US		1	1

Davis and Bujold
Fourth Floor
500 North Commercial Street
Manchester, NH 03101



CONFIRMATION NO. 6986

REPLACEMENT FILING RECEIPT



OC00000008126888

Date Mailed: 05/16/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Alexandre Marti, Geneva, SWITZERLAND;
Norbert Lange, Lausanne, SWITZERLAND;
Matthieu Zellweger, Villars-S-Glane, SWITZERLAND;
Georges Wagnieres, Lutry, SWITZERLAND;
Hubert Van Der Bergh, St. Sulpice, SWITZERLAND;
Patrice Jichlinski, Le Mont-Sur-Lausanne, SWITZERLAND;
Pavel Kucera, Lausanne, SWITZERLAND;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/CH99/00163 04/22/1999

Foreign Applications

FRANCE 98/05425 04/22/1998

If Required, Foreign Filing License Granted 12/04/2000

Projected Publication Date: Not Applicable, filed prior to November 29, 2000

Non-Publication Request: No

Early Publication Request: No

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NITROS P146US

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT. Supplemental)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☐ supplemental
☒ National Stage of PCT
☐ divisional (see added page)
☐ continuation (see added page)
☐ continuation-in-part (see added page)

INVENTORSHIP IDENTIFICATION

My/our residence, post office address and citizenship is/are as stated below next to my/our name. I/We believe that the named inventor or inventors listed below is/are the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SOLUTION FOR DIAGNOSING OR TREATING TISSUE PATHOLOGIES

SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
 (b) ☐ was filed on with an effective filing date April 22, 1999 as
 ☐ Serial No. _____ or
 ☐ Express Mail No. _____ as Serial No. (not yet known) and
 was amended on _____ (if applicable).
 (c) ☒ was described and claimed in PCT International Application No. _____
 PCT/CH99/00163 filed on April 22, 1999 and as
 amended under PCT Article 19 on _____ (if any).
 (d) ☐ amended on _____

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name(s) and registration number(s))

Anthony G. M. Davis
 Michael J. Bujold
 Scull A. Daniels

Registration No. 27,868
 Registration No. 32,018
 Registration No. 42,162

- ☐ Attached as part of this Declaration and Power of Attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence to:

Davis and Bujold
 Fourth Floor
 500 N. Commercial Street
 Manchester, NH 03101

Direct Telephone Calls to:
 (603) 624-9220

Direct Telefaxes to:
 (603) 624-9229

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ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent Office all information which is known to be material to patentability of this application as defined in § 1.56 of Title 37 of the Code of Federal Regulations.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
FRANCE	98 05425	22 April 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature(s)

Full name of ~~inventor~~ first inventor: MARTI Alexandre

Inventor's signature *[Signature]*

Date 5-10-2000 Country of Citizenship Switzerland

Residence 12, chemin Champ-Baron / CH - 1209 GENEVE / Switzerland

Post Office Address same as residence

Full name of second joint inventor (if any) LANGE Norbert

Inventor's signature *[Signature]*

Date October 5th 2000 Country of Citizenship Germany

Residence 23, rue Saint-Roch / CH - 1004 LAUSANNE / Switzerland

Post Office Address same as residence

COPY

Full name of third joint inventor (if any) ZELLWEGER Matthieu
Inventor's signature [Signature]
Date 20/10/2000 Country of Citizenship Switzerland
Residence 10, chemin des Cottages / CH - 1007 LAUSANNE / Switzerland
Post Office Address same as residence 34, FENETRA, CH-1752 VILARS-S-GLAYE

Full name of fourth joint inventor (if any) WAGNIERES Georges
Inventor's signature [Signature]
Date 5th of October 2000 Country of Citizenship Switzerland
Residence 6, chemin de la Brème / CH - 1118 MORGES / Switzerland
Post Office Address same as residence 38, chemin de la Brème / CH-1095 LUTRY

Full name of fifth joint inventor (if any) VAN DEN BERGH Hubert
Inventor's signature [Signature]
Date October 05, 2000 Country of Citizenship The Netherlands
Residence La Bergerie / CH - 1376 GOMMOENS-LA-VILLE / Switzerland
Post Office Address same as residence 64 A, rue du Centre, 1025 St-Jacques

Full name of sixth joint inventor (if any) JICHLINSKI Patrice
Inventor's signature [Signature]
Date 13.10.2000 Country of Citizenship Switzerland
Residence 8, chemin du Chêne / CH - 1052 LE MONT-SUR-LAUSANNE / Switzerland
Post Office Address same as residence

Full name of seventh joint inventor (if any) KUCERA Pavel
Inventor's signature [Signature]
Date 6-10-2000 Country of Citizenship Switzerland
Residence La Loutière / 8, chemin de Rotavolar / MONTELESSION / CH-1000 LAUSANNE 27
Post Office Address same as residence Switzerland

Full name of eighth joint inventor (if any) _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

Full name of ninth joint inventor (if any) _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

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